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ABSTRACT

This guide presents the recommendations of a task force from Southern state and local mental health agencies, which was convened to design minimum standards for use in the development of prevention/promotion programs. Prevention/Promotion-Oriented Services are defined according to the areas of prevention, promotion, and protection services. Recommended minimum standards are listed for planning and conducting prevention/promotion programs as well as the administration and organization of programs within a mental health agency. The procedures enumerated for program planning concern the identification of high-risk populations, community needs assessment, delivery methods, program rationales and research bases, and written objectives, implementation strategies, and evaluation plans. Considerations for conducting programs are listed, including client procedures, client rights, and program monitoring, evaluation, and feedback needs. Standards for administrators and the staffing of prevention/promotion programs are also discussed. (NRB)

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GUIDELINE STANDARDS

FOR

PREVENTION/PROMOTION SERVICES

IN MENTAL HEALTH

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FOREWORD

The Mental Health Program of the Southern Regional Education Board was established by a resolution of the Southern Governors' Conference in 1954 to facilitate mental health manpower development and to assist in improving the knowledge base for mental health programs in the South. One of the emerging areas of mental health work which still has few operating guidelines is that of prevention/promotion services.

In the summer of 1979, a task force of persons with responsibility for prevention/promotion programs from both state mental health agencies and local community mental health centers of the South was convened by the Southern Regional Education Board to explore the development of two activities:

1) A set of definitions of terms that might commonly be used to describe prevention/promotion services and that might be used by mental health information systems for reporting and analyzing these services.

2) A set of minimum "standards" that state or local mental health agencies might use in the development of prevention/promotion programs.

The definitions of terms were developed and reported separately. This document is the report of the activity to develop a set of guideline standards or criteria that state or local mental health agencies might use as they develop programs and services in the area of prevention/promotion.

The list of task force members is attached. We are grateful for their participation.

Harold L. McPheeters, M. D.
Director, Commission on Mental
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October, 1980

INTRODUCTION

Mental health programs have developed a remarkable amount of variety and sophistication in the past 15 years of the community mental health movement. Not only has there been a vast expansion and refinement of therapeutic approaches to mental illness and emotional disorders, but also a variety of programs and services directed to the community at large or to high risk groups have developed. These programs are directed toward helping people understand more about the stresses and factors that put them at-risk, and to remove stressors or help the persons cope with them so that there will be less mental disorder and a higher level of emotional and mental functioning in the populace.

While there have been many preventive services delivered by a variety of state and local mental health agencies, there have been few guidelines or standards for a mental health agency to use in planning and carrying out prevention/promotion services or for structuring prevention programs within the overall mental health agency. Despite the fact that many of the prevention/promotion programs have been of excellent quality and have proven effective, there remains a pervasive doubt about prevention programs in the minds of many clinicians. This results in part because too often in the past prevention programs have been loosely conceived and carried out with poor documentation of objectives or results. These guideline standards should help those involved in planning and conducting prevention/promotion programs to formulate their activities on a sound scientific and programmatic base.

The general definition for Prevention/Promotion-Oriented Services is:

> Prevention/Promotion-Oriented Services: Services designed to avoid the onset of mental and behavioral dysfunctioning and to strengthen social, physical, and psychological factors that affect emotional and mental functioning.

This domain may be divided into three subdomains: Prevention-Oriented Services, Promotion-Oriented Services, and Protection-Oriented Services.

> Prevention-Oriented Services: Services delivered to recipients, individuals, or organizations with the intention of avoiding the onset of emotional or behavioral dysfunctioning of individuals or groups of persons who are in situations in which they are known to be at-risk of dysfunctioning. The conditions to be prevented may be limited to only diagnosable mental disorders (i.e., Diagnostic and Statistical Manual-III) or they may include a broader range of emotional and behavioral disorders.

> Promotion-Oriented Services: Services delivered to recipients or organizations with the intention of enhancing the well-being and strengthening the emotional functioning of a variety of publics.

> Protection-Oriented Services: Activities or services intended to change laws, regulations, or social structures so that various publics will not be affected by noxious agents or conditions that are believed to be damaging to mental or emotional functioning. The activities may be in several of the dimensions (i.e., education, consultation, community development) but the intention is that the beneficiaries will be protected regardless of any voluntary actions on their parts. Examples are enacting ordinances prohibiting the use of lead based paints which cause brain damage from lead encephalitis and laws restricting the sale of alcoholic beverages or mind altering drugs.

The task force does not believe that every mental health agency must have prevention/promotion activities to address every aspect of these definitions. However, all agencies within a mental health system should adopt a common and

comprehensive definition and conceptualization of prevention/promotion even though any single agency may elect to address only specific aspects of the possible range of prevention/promotion services.

These guideline standards or criteria are offered by the task force to provide assistance and direction to mental health agency administrators and persons with the responsibility for planning and conducting prevention/promotion programs within the agency. They are offered as guidelines or directions in the development of prevention programs -- not as standards of the kind that are used for making judgments about whether or not to accredit or license a program. These criteria are written in terms that may be applied to either state or local mental health agencies.

These criteria fall into two major categories of concern:

1. The planning and conducting of specific prevention/promotion services.
2. The overall administration and organization of prevention/promotion programs within a mental health agency.

Recommended Minimum Standards for

I. PLANNING AND CONDUCTING OF PREVENTION/PROMOTION SERVICES

A. Planning of Prevention/Promotion Programs

1. In planning prevention programs, groups of persons known to be at-high risk of emotional and mental dysfunctioning should be given priority.

2. Planning for prevention/promotion programs should be related to the kinds of clinical problems observed in the case load of the agency and/or the needs that have been assessed in the community.

3. Planning for prevention/promotion services should consider all age groups of the population according to the assessed needs and resources available.

4. Planning for prevention/promotion services should consider a full range of methods -- information, education, counseling, consultation, community planning and development, and physical interventions.

5. Each prevention/promotion activity should have a statement of the problem it is addressing and a rationale for the strategy that is being proposed. This statement should identify the recipient groups and the ultimate beneficiaries.

6. Each prevention/promotion activity should be based on research, reports from the literature and/or locally documented evidence, and should be expected to have a reasonable probability of success.

7. Each prevention/promotion activity should have specific written objectives, an action plan, and a plan for evaluation.

B. Conducting Prevention/Promotion Programs

1. Recipients of prevention/promotion programs that involve face-to-face interactions should be informed of the purposes and uses to be made of the services and records and shall give their assent to participate.

2. In prevention/promotion programs all "consumer rights" should be explained and followed. These include the right to confidentiality, the right to refuse to participate, the right to self determination about participating in any of the activities, and the right to know about the results.

3. There should be fiscal and program monitoring of all prevention/promotion programs to assure that they are being carried out as planned.

4. There should be evaluation of all prevention/promotion programs to determine whether they have met their objectives.

5. There should be feedback of the findings from monitoring and evaluation to the persons and agencies involved in the program.

II. ADMINISTRATION AND ORGANIZATION OF PREVENTION/PROMOTION PROGRAMS WITHIN A MENTAL HEALTH AGENCY

A. Administration of Prevention/Promotion Programs

1. There should be a prevention/promotion mission statement, plan, and budget in the agency's annual plan.

2. Mental health agencies should maintain a readily accessible record of agencies or groups that are recipients of promotion/prevention services.

3. Mental health agencies should educate the general public and support groups, such as board members, legislators, citizen organizations, and related human service agencies, about prevention/promotion programs.

4. Mental health agencies should demonstrate efforts to disseminate knowledge about prevention/promotion by sharing their findings with other agencies through reports and articles in the literature.

5. Mental health agencies should encourage support for training and other manpower development activities for prevention/promotion services.

B. Organization and Staffing of Prevention/Promotion Programs

1. A person with interest, training, and expertise in the skills of prevention/promotion should be designated to provide leadership for prevention/promotion programs in the agency. (This person should have time committed specifically to prevention/promotion activities, preferably on a full-time or major part-time basis.)

2. The "lead" person for prevention/promotion should have agency-wide responsibility for helping to develop and supervise prevention programs of the agency regardless of this person's organizational placement.

Appendix

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